



GENERAL EXPENSE CLAIM FORM



Company Name : - Chrysanthemum Wealth

Department Name : - Administration

No.	Date	Name	Description	Amount	Remark
1	5.5.25	Naco Phaw Moe	To Pay SSB Audit Checking	50000/-	
Total Amount				50000	

Request by

Approved by

Checked by

Approved by

Approved by

Sign :

Name : Naco Phaw Moe
(Requester)

Khaing Nyein Aye
(Department Head)

Tin Nwe Hwee
(Related FNA/Corp FNA)

Maeng Maeng Ko Aye Min Htoon
(OM/AGM/GM/BOH) (ACOO/COO/MD/VCM)

02-BRM-FNA-FRM-007-01